

Use of this template is voluntary / optional

Non-Emergency Ambulance Transportation (NEAT)

Prior Authorization (PA) Request Template Guidance

Purpose

This template is designed to assist the ambulance supplier or beneficiary in completing a Non-Emergency Ambulance Transportation Prior Authorization (NEAT) Request Template in support of a Prior Authorization (PA) request for coverage of repetitive, scheduled NEAT services under Medicare Part B for a Medicare beneficiary in need of such services.

Completing the Non-Emergency Ambulance Transportation Prior Authorization Request Template does not guarantee eligibility and coverage but does provide guidance in support of meeting Medicare coverage requirements. The Non-Emergency Ambulance Transportation Prior Authorization Request Template may be used with Non-Emergency Ambulance Transportation Progress Note Template and the Non-Emergency Ambulance Transportation Order/PCS Template.

Prior Authorization (PA) of NEAT Services

Repetitive, scheduled, non-emergency, medically necessary ambulance transportation 3 or more times in a 10-day period or at least once a week for 3 weeks or more from an ambulance company based in New Jersey, Pennsylvania, South Carolina, Delaware, the District of Columbia, Maryland, North Carolina, Virginia and West Virginia will require prior approval (called “prior authorization”). These are states where a 3-year “prior authorization” (PA) demonstration is currently being conducted. Under this demonstration, the ambulance company may use the (PA) process and send a request for prior authorization to Medicare before the fourth trip in a 30-day period.

This request may be made by the Ambulance Company, or Medicare beneficiary.

For any service to be covered by Medicare it must:

- Be eligible for a defined Medicare benefit category,
- Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
- Meet all other applicable Medicare statutory and regulatory requirements.

Important Information

It is important to understand that the PA program does not create new documentation requirements for the physician/Non-Physician Practitioner (NPP)¹ or suppliers. It simply requires the documentation to be submitted prior to submitting a claim. The ordering physician/NPP is required to supply the ambulance supplier or beneficiary the physician certification statement as well as any other documentation that supports medical necessity for the repetitive, scheduled non-emergency ambulance transportation.

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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The non-emergency ambulance prior authorization program applies to the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A0425 – Ground mileage, per statute mile,
- A0426 - Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1, and
- A0428 - Ambulance service, Basic Life Support (BLS), non-emergency transport.

The ambulance supplier or beneficiary submits the PA request with the necessary accompanying documentation to the appropriate Medicare Administrative Contractor (MAC).

The PA request must include all relevant documentation to support Medicare coverage of the repetitive, scheduled NEAT services. This includes, but is not limited to:

- Documentation from the medical record to support the medical necessity of repetitive, scheduled NEAT services
 - Documentation must show transportation by other means is contraindicated
 - Vague statements, such as “patient is bed-confined”, are insufficient
 - Diagnosis of disease or illness may not be enough without corroborating evidence/statements
 - Attestation statements concerning the patient’s requirements for ambulance transportation are not sufficient without corroborating evidence in the medical record
- Physician Certification Statement (PCS), including the certifying physician’s name, National Provider Identifier (NPI) and address
 - The PCS must be supported by the medical documentation
 - Bed-confinement or need for transportation cannot only be stated on the PCS
- Procedure codes
- Number of transports requested
 - The PA decision, justified by the beneficiary’s condition, may affirm up to 40 round trips per PA request in a 60-day period
- Information on the origin and destination of the transports
- Any other relevant document as deemed necessary by the MAC to process the PA request

The medical necessity requirements for Medicare coverage of ambulance services are set forth in 42 CFR §410.40(d). Medicare covers ambulance services including air ambulance (fixed wing and rotary wing), when:

- *Furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated.*
- *The beneficiary’s condition must require both the ambulance transportation itself and the level of service provided in order for the billed service to be considered medically necessary.*
- *In addition to the medical necessity requirements, the service must meet all other Medicare coverage and payment requirements, including requirements relating to the origin and destination of the transportation, vehicle and staff, and billing and reporting. Additional information about Medicare coverage, billing, and reporting of ambulance services can be found in 42 CFR §§410.40, 410.41, and in the publications 100-02 Medicare Benefit Policy Manual, Chapter 10 and 100-Q4 Medicare Claims Processing Manual, Chapter 15.*

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Non-emergency transportation by ambulance is appropriate if either:

- *The beneficiary is bed-confined and it is documented that the beneficiary's condition is such that other methods of transportation are contraindicated; or,*
- *The beneficiary's medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required. Thus, bed confinement is not the sole criterion in determining the medical necessity of ambulance transportation. It is one factor that is considered in medical necessity determinations. [42 CFR §410.40(d)(1)]*

For a beneficiary to be considered bed-confined, the following criteria must be met:

- *The beneficiary is unable to get up from bed without assistance.*
- *The beneficiary is unable to ambulate.*
- *The beneficiary is unable to sit in a chair or wheelchair. [42 CFR §410.40(d)(1)]*

The medical documentation needs to substantiate the medical necessity requirements listed above and in support of a written PCS for PA of repetitive NEAT services.

Patient Eligibility

Eligibility for coverage of repetitive, scheduled NEAT services under Medicare requires a physician, or allowed Non-Physician Practitioner (NPP), to complete a written order certifying that the medical necessity requirements listed above, [§410.40(d)(1)], are met. This helps to ensure the NEAT services to be provided are consistent with the physician's order and supported in the patient's medical record.

Special rule for scheduled, repetitive NEAT Services [42 § 410.40(d)(2)]

Medicare covers medically necessary non-emergency, scheduled, repetitive ambulance services if the ambulance provider or supplier, before furnishing the service to the beneficiary, obtains a written order from the beneficiary's attending physician certifying that the medical necessity requirements of paragraph (d)(1) of this section are met. [42 CFR §410.40(d)(1)] The physician's order must be dated no earlier than 60 days before the date the service is furnished.

The special rule for scheduled, repetitive NEAT Services also requires:

- *In all cases, the provider or supplier must keep appropriate documentation on file and, upon request, present it to the contractor. The presence of the signed physician certification statement does not alone demonstrate that the ambulance transport was medically necessary. All other program criteria must be met in order for payment to be made. [§410.40(d)(2)(ii)]*

Who can complete the prior authorization template?

- Ambulance suppliers that:
 - Are not institutionally based;
 - Provide Part B Medicare covered ambulance services; and
 - Are enrolled as an independent ambulance supplier.

[Ambulance suppliers under Program Integrity review, (e.g., Zone Program Integrity Contractor (ZPIC), Universal Program Integrity Contractor (UPIC), are not eligible to submit PA requests.]

- A Medicare beneficiary in need of such services.

Note: If this template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in *blue Times New Roman* are recommended but not required

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Non-Emergency Ambulance Transportation Prior Authorization Request Template
Request Type: <input type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Expedite, reason: _____ _____
Patient Information: Last name: _____ First name: _____ MI: _____ DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____
Certifying physician / practitioner information: Last name: _____ First name: _____ MI: _____ Suffix: _____ NPI: _____ Place of employment: _____ Address: _____ City: _____ State: _____ Zip: _____ PTAN: _____ Telephone number and extension: (____) ____-____ x _____ Direct address: _____
Ambulance supplier information: Name: _____ NPI: _____ Address: _____ City: _____ State: _____ Zip: _____ PTAN: _____ Fax number and extension: (____) ____-____ x _____ State where ambulance is garaged: _____
Start date (MM/DD/YYYY): _____ End date: _____ Round trip: <input type="checkbox"/> Yes <input type="checkbox"/> No Transport from _____ Home, or _____ To: _____ Number of transports requested in a 60-day period: _____ Procedure Code: _____ Modifier 1: _____ Modifier 2: _____
Requestor: Telephone number and extension: (____) ____-____ x _____ Last name: _____ First name: _____ MI: _____ Fax number and extension: (____) ____-____ x _____ Direct address: _____
Submission date (MM/DD/YYYY): _____